

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

DATE OF BIRTH

NAME OF CHILD

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

420

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No. 14

Place of Birth. Eagar.

(Registration district)

SEX OF CHILD* Male Twin* Triplet or other* } and { Number* in order of birth
DATE OF BIRTH* April 30 1926
{Month} {Day} {Year}

FULL* NAME Milford Jay Miltbank. FATHER
FULL* MAIDEN* NAME Geneva Julia Plumb. MOTHER

HEREBY CERTIFY that the child described herein has been named

Harold Lewis Miltbank.
(Give name in full) (Surname)

(Signature) Geneva Julia Plumb
Mrs W F Lesueur
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Original Certificate already sent to Phoenix

9-1-25

RECEIVED
MAY 8 1926